

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	/						51							
2		/					52							
3	/						53							
4	/						54							
5	/						55							
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46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	/		/											
TOTAL DEP.	2	3	7	3										
TOTAL CLAIMS	2	2	11	13										

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS